

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 21, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

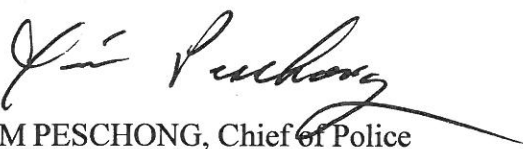
An investigation has been made regarding the application of Noodles & Company, 5001 'O' Street requesting a class I liquor license.

Melinda Mellick has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as she is a currently approved liquor license manager.

The required training was completed on April 14<sup>th</sup> 2011.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Noodles & Company 7105

Street Address #1 5001 O St. Suite A

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68510

Premise Telephone number NA at this time

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Nebraska Dining Holding LLC

Street Address #1 1720 S Bellaire St., Ste 1209

Street Address #2 \_\_\_\_\_

City Denver State CO Zip Code 80222

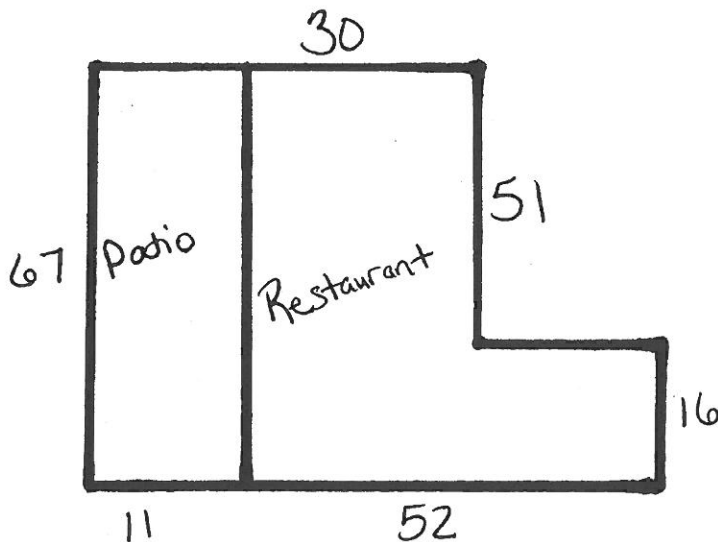
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**  
**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 52 feet  
Width 67 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Corporagent, Inc.

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
Nebraska Dining Holding, LLC

LLC Address: 2120 S 72nd Street, Suite 1500

City: Omaha State: NE Zip Code: 68124-2342

LLC Phone Number: 303-757-8811 LLC Fax Number: 303-539-3061

Name of Managing/Contact Member

Name and information of contact member must be listed on following page:

Last Name: Herzog First Name: Martin MI: H

Home Address: 1720 S Bellaire St. Suite 1209 City: Denver

State: CO Zip Code: 80222 Home Phone Number: 303-539-3030

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Colorado

County of Denver

The foregoing instrument was acknowledged before me this

April 26, 2013

by

Martin H. Herzog  
name of person acknowledge

Date

[Signature]

Affix Seal

Alan Roeder

Notary Public

State Of Colorado

My Comm. Exp. 2/14/15

FORM 102  
REV 12/2010  
Page 1 of 4

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Herzog First Name: Martin MI: H  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Marie Fitzsimons Herzog  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 0%

Last Name: Viola 2006, LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 50%

Last Name: Nebraska Dining, LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 50%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_